

Administration of medications in Queensland state schools: Information for parents/carers and health practitioners

This information sheet provides advice for parents/carers and their child's health practitioner/s regarding the documentation required for Queensland state schools to safely administer medication to students while they are at school or school-related activities.

All medications you provide for the school to administer to your child must be prescribed by a qualified health professional who is authorised to prescribe medications under the Health (Drugs and Poisons) Regulation 1996 (Qld) e.g. doctor, dentist, optometrist. State schools refer to these professionals as 'prescribing health practitioners' (practitioners).

A blank *Medication order to administer 'as-needed' medication at school* is provided on the last page.

For further information, refer to the [Administration of medications in schools procedure](#) and the [Managing student's health support needs at school procedure](#).

Information for parents/carers

1. For all medications

For medication to be administered during school hours and/or during school-related events, provide the school with:

- a completed [Consent to administer medication form](#).
- the medication with an attached pharmacy label, in its original container, with intact packaging.

2. Where no additional information is required from your practitioner

If your child requires medication at a routine time (e.g. 11am every day), the pharmacy label attached to the medication provides the school with the instructions from the doctor/dentist needed to safely administer the medication. Examples of routine medication include Ritalin, antibiotics, eye/ear drops, enzyme tablets and ointments.

No other written information from the prescribing health practitioner is required.

3. Where you will need additional written information from your practitioner

As well as using the pharmacy label instructions, the school will need additional written information from the prescribing health practitioner if your child:

- requires medication as an emergency response.** Depending on your child's health condition, your doctor will need to complete:
 - an Asthma Action Plan and/or
 - an Anaphylaxis Action Plan and/or
 - written instructions if your child has more complex health needs.
- requires insulin.** Your doctor will need to complete a medication order for insulin.
- requires medication 'as-needed' (but not as an emergency response).** Your health practitioner will need to complete a *Medication order to administer 'as-needed' medication at school* (see page 3).
- has their dosage changed from that on the pharmacy label.** Your health practitioner will need to write a letter for the school explaining the changes. To assist the school in safely administering the medication to your child, you are encouraged to have your pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

Information for prescribing health practitioners

Queensland state schools administer medications authorised by a qualified health practitioner (registered with the Australian Health Practitioner Regulation Agency) to support students' health needs if it is deemed that the administration of this medication is essential during school hours or school-related activities.

No further information or medical authorisation is required by the school where prescription medications are to be administered at a routine time during the day, have been dispensed by a pharmacist, and there is sufficient information on the pharmacy label to enable safe administration.

However, if you are prescribing medication as described below, please complete the relevant documentation and provide it to the parent/carer (or to the student if they are 18 years of age or older).

1. Emergency medication

Where medication is to be taken as an emergency response for asthma or anaphylaxis, please complete:

- an Asthma Action Plan and/or
- an ASCIA Anaphylaxis Action Plan.

2. Insulin

Due to the complexity of diabetes management, the school will require:

- a medication order for insulin (which provides medical authorisation) and
- a diabetes management plan developed by yourself and/or the diabetes treating team.

3. As-needed medication

Where medication is to be taken as needed in response to a student's symptoms (e.g. toothache, migraine), the school requires clear instructions to enable non-medically trained school staff to safely administer the medication.

The school will require:

- specific written instructions e.g. where school staff are required to administer medication as part of a health procedure (e.g. administration of medication through a gastrostomy tube) or
- a completed *Medication order to administer as-needed medication at school* (see page 3).

If you make subsequent changes to the student's medication dosage, or if instructions change from that described in a *Medication order to administer 'as-needed' medication at school* you have completed, please:

- update this medication order, initial and date the changes (if they are minor) or
- complete a new medication order.

4. Over-riding pharmacy label instructions

Where a student has been prescribed medication, but the medication dosage requirements change from that printed on the pharmacy label (e.g. from 1 tablet of Ritalin to ½ tablet of Ritalin), the school needs additional written information that includes all of the following:

- the name of the student
- the name of the medication
- the dosage change and the date the change is to be implemented from
- the prescribing health practitioner's signature and date, and
- attached evidence of the medical practice i.e. on a letterhead or stamp/sticker.

Please encourage the parent/carer to have their pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation completed by doctor or other prescribing health practitioner
Asthma	Asthma puffer	<i>Asthma action plan</i>
Anaphylaxis	EpiPen	<i>ASCIA Anaphylaxis Action Plan</i>
Diabetes	Insulin injection, insulin pump	Department of Education <i>Medication order to administer 'as-needed' medication at school</i> or medication order or <i>diabetes management plan</i> or other written instructions from prescribing health practitioner
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education <i>Medication order to administer 'as-needed' medication at school</i>
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

- 1) Complete Section A (page 2).
- 2) Provide the school with the medication in the original container with intact packaging.
- 3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- 4) Make an appointment with the principal/delegate if:
 - the student requires medication as an emergency response;
 - you would like the student to self-administer their medication;
 - the student has complex health support needs or requires other support strategies; or
 - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

- 1) Complete Section A (page 2) and Section B (page 3).

Consent to administer medication

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

Section A: Complete the details below:

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		Date of birth	
Parent/carer name		Phone number	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	
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I confirm that the medication provided to the school (as listed above):

- is medically authorised (e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)
- is in the original dispensed container with intact packaging
- has the student's and doctor's names on the pharmacy label (if there is no other written evidence of medical authorisation)
- is current/in-date (The expiry date of the medication is __/__/____).

The medication is required:		If Yes to any questions, complete the following:
(a) routinely (e.g. 11am every day)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Administer at __: __ am/pm on the following days: (circle the day/s required) Monday Tuesday Wednesday Thursday Friday
(b) for a short time only (e.g. only for 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Start date: __/__/____ End date: __/__/____
(c) to manage a health condition by following a current action plan or health plan	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	Is the medication for: <input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe)
(d) 'as needed' to treat minor or non-emergency symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes⇒	<input type="checkbox"/> I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **Yes**, describe: _____

Parent/carer/student signature		Date	
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If the student is to self-administer this medication, also complete **Section B**

NOTE: Controlled drugs cannot be self-administered.

Record of medication administration (routine medication)

<Insert/attach student photo if required for identification purposes>

Student name		Date of birth		Class		Dosage time/s		
Medication							Route	

On receipt of the medication:

1. Check that the medication is in the original container and is intact (e.g. tablets in blister packs are sealed)
2. Check for medical authorisation e.g. pharmacy label, other written authorisation
3. Advise the parent/carer that they will need to collect any unused medication when it is no longer required to be administered at school
4. Attach the completed **Consent to administer medication** form
5. Attach Individual Health Plan if one is required
6. Refer to all information when administering medication.

Initial the appropriate box below to confirm when the medication was administered, or enter the appropriate code from the key below.

KEY: **A** – Student absent; **S** – Student self-administration; **P** – Parent/carer administered medication; **X** – School closed; **O** – Student off campus; **N/S** – No supply of medication→contact parent/carer; **R** – Student refused medication→contact parent/carer; **V** – Student vomited following medication→contact parent/carer

Note: The table allows for the recording of up to two doses of the medication per day. Amend the document electronically to add additional lines if more than two doses per day are required. If a student requires multiple doses of the same medication at differing strengths, use one form per dose strength e.g. one form for Lamotrigine 25 mg and one form for Lamotrigine 50 mg.

MTH	DOSAGE TIME/S	DATE																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																	
Feb																																	
Mar																																	

Student name		Date of birth														Class						Dosage time/s										
Medication																						Route										
MTH	DOSAGE TIME/S	DATE																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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